

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 875)**

SERIAL NO

188,076

FILING DATE

APPLICANT'S

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND	DEP.	IND.	DEP.	IND	DEP
	IND	DEP	IND	DEP	IND	DEP							
1							51						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND							TOTAL IND.						
TOTAL DEP							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

BEST AVAILABLE COPY